DOCUMENT RESUME

ED 380 231 PS 023 103


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TITLE Removing Barriers to Learning: Factors That Affect Participation and Dropout in Parent Interventions. Report No. 27.

INSTITUTION California Council for the Humanities, San Francisco.; Johns Hopkins Univ., Baltimore, Md.
SPONS AGENCY Office of Educational Research and Improvement (ED), Washington, DC.
PUB DATE Jan 95
CONTRACT R117Q00031
NOTE 24p.
AVAILABLE FROM Dissemination Office, Center on Families, Communities, Schools and Children's Learning, The Johns Hopkins University, 3505 North Charles Street, Baltimore, MD 21218.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Change Strategies; Dropout Rate; Family Programs; *Intervention; *Parent Attitudes; *Parent Education; *Parent Participation; Parents; Parent Student Relationship
IDENTIFIERS Participation Rates; *Participatory Evaluation; Program Characteristics; School Based Services



ABSTRACT

Even the most well developed and well executed school-based parent interventions frequently have low rates of participation and high rates of dropout. A three-stage study employed focus groups and interviews to examine why parents did or did not participate in school-based programs designed to involve them, and why they either continued to participate or dropped out. Two design conditions were developed to make participation easier: one with low support elements--workshops offered twice a week, a meal provided, public relations in the form of flyers, banners, and phone calls; and one with high support elements--child care, transportation, home visits. The study found that even with high support program elements, parental participation did not increase greatly, 48 percent compared to 38 percent for the low-support groups. However, the increased number of parents who did participate were primarily those considered the most difficult to reach. Dropouts were the result of factors that were not within the control of the support mechanism, such as time constraints and personal problems that interfered with program completion. Reasons for continuing parental nonparticipation in programs containing elements to increase participation included lack of time, belief that the program would not help them or their children, lack of interest, and other factors. Transportation and child care were not considered barriers by those not participating. (HTH)



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CENTER ON FAMILIES, COMMUNITIES, SCHOOLS & CHILDREN'S LEARNING

# REMOVING BARRIERS TO LEARNING

## Factors that Affect Participation and Dropout in Parent Interventions

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Report No. 27 / January 1995

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# REMOVING BARRIERS TO LEARNING

## Factors that Affect Participation and Dropout in Parent Interventions

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**Report No. 27**

**January 1995**

Published by the Center on Families, Communities, Schools and Children's Learning. This work was supported by the Office of Educational Research and Improvement, United States Department of Education (R117Q00031). The opinions expressed are the authors' and do not necessarily represent the positions or policies of the supporting organizations.

# CENTER ON FAMILIES, COMMUNITIES, SCHOOLS & CHILDREN'S LEARNING

The nation's schools must do more to improve the education of all children, but schools cannot do this alone. More will be accomplished if families and communities work with children, with each other, and with schools to promote successful students.

The mission of this Center is to conduct research, evaluations, policy analyses, and dissemination to produce new and useful knowledge about how families, schools, and communities influence student motivation, learning, and development. A second important goal is to improve the connections between and among these major social institutions.

Two research programs guide the Center's work: the Program on the Early Years of Childhood, covering children aged 0-10 through the elementary grades; and the Program on the Years of Early and Late Adolescence, covering youngsters aged 11-19 through the middle and high school grades.

Research on family, school, and community connections must be conducted to understand more about all children and all families, not just those who are economically and educationally advantaged or already connected to school and community resources. The Center's projects pay particular attention to the diversity of family cultures and backgrounds and to the diversity in family, school, and community practices that support families in helping children succeed across the years of childhood and adolescence. Projects also examine policies at the federal, state, and local levels that produce effective partnerships.

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# Abstract

Most educational reform efforts place great importance on parent involvement and family support to achieve their academic goals and there is extensive support in the literature for contributions parents make to their children's learning and behavior. Research identifies specific family practices associated with good behavior and learning. However, even the most well developed and well executed school-based parent interventions frequently have low rates of participation and high rates of dropout. The parents who need the intervention the most are the parents who don't show up. How do we reach the hard to reach? Information about non-participants is critical.

This three-stage study employed focus groups and interviews to examine why parents did or did not participate in school-based programs designed to involve them, and why they either continued to participate or dropped out. The study found that when program elements were added to make participation easier (High Support) parental participation did not increase greatly (48%, compared to 38% participation in Low Support groups), but the increased number of parents who did participate were primarily those considered the most difficult to reach.

Reasons for continuing parental nonparticipation in programs containing elements to increase participation included time, lack of belief that the program would help them or their children, lack of interest, and other factors. Transportation and child care were not noted as barriers.

# Introduction

Recent school reform efforts acknowledge that reducing school failure requires early prevention using multiple and overlapping strategies. Waiting for problems to occur in the later elementary or middle school grades necessitates crisis response intervention efforts, which are often ineffective and very costly. The core of early school prevention strategies to reduce school failure is high quality classroom instruction. However, in schools that serve large numbers of students placed at risk, solutions to school failure must also deal with the many barriers to school learning that exist outside the classroom. Among the factors that affect school performance are high rates of student mobility (GAO, 1994), the amount of violent behavior that students witness in their environment (CDC, 1992), and the lack of family support for learning (Epstein, 1991).

This recognition that achievement problems are only partially solved in the classroom has prompted an increase in schools and other human services agencies working together to remove barriers to learning (Dolan, 1992). Most recent elementary school restructuring models emphasize integrating community services into the schools. For example, the School Development Program (Comer, 1988) encourages high levels of parental and community involvement with the school; and the Success for All model (Slavin et al., 1992) — with its multiple layers of intervention including effective classroom instruction and intensive intervention in the form of one-on-one tutoring when learning problems occur — includes family support services that provide for parent involvement and linkages to outside services.

As schools turn to other agencies to support their goals to improve achievement, human service agencies are also turning to the schools to become their partners in achieving their health, mental health, and other social goals. For example, public mental health agencies are increasingly working with schools to identify children in need of mental health treatment, to provide mental health clinical interventions, and to provide an optimal environment for primary prevention interventions. Primary prevention is defined as attempting to alter the course of early risk factors before they result in serious mental health concerns (Cowen, 1980). Researchers in the field of developmental psychopathology generally concur that the main early risk factors for later psychopathology are poor school achievement, antisocial or aggressive behavior, and overly withdrawn or shy behavior (Rutter, 1985, Kohlberg et al., 1984; Kellam et al., 1991). Primary prevention strategies, aimed at changing the developmental trajectory of these risk factors, are most often placed in early school environments to optimize their impact. Many of these strategies are treated as separate components of the school curriculum and instruction, while others are more integrated.

The recent research and development efforts of the Prevention Research Center (PRC) at the Johns Hopkins School of Hygiene and Public Health exemplify public mental health and public education collaboration. Started in 1984, the PRC has developed a variety of classroom- and family-based preventive interventions designed to improve student achievement and decrease overly aggressive and shy behaviors. The initial set of interventions were classroom-based — one intervention, Mastery Learning, targeted reading achievement in the first and second grades; another intervention, the Good Behavior Game, focused on decreasing the amount of aggressive and acting out behaviors in the classroom. The interventions were systematically evaluated in a randomized field trial involving fifteen elementary schools. The short-term impact was positive for both reading achievement and aggressive behaviors (Dolan et al., 1993).

The current stage of work at the PRC includes the development and evaluation of a new set of classroom- and family-based prevention programs for first graders. The impetus for the family-based programs was the extensive support in the literature for the contributions parents make to their children's learning and behavior (Hess & Hollaway, 1984; Henderson, 1987; Epstein, 1992). Research has gone beyond simply attesting to the importance of parents to identifying the specific family practices associated with good behavior and learning. The family-based intervention seeks to improve learning and behavior through parent involvement and communication with teachers, structured home learning activities around early literacy, and parent training in positive discipline and behavior management.

The second stage of interventions, building on the earlier work, evaluates the combined and comparative effects of classroom- and family-based programs on first graders' learning and behavior and their psychological well-being and self-esteem. The classroom-based intervention seeks to improve learning and behavior through enhancements to the language arts and mathematics curriculum as well as through training teachers in classroom management strategies. This is essentially a continuation of the first-stage classroom interventions.

The PRC's attention to family interventions that focus on improved achievement and better behavior management brought it into an arena of parent involvement that is well developed and researched (Epstein, 1992). As stated, most educational reform efforts place great importance on parent involvement and family support to achieve their academic goals. A major problem confronting the research effort was the same that confronts most parent involvement and education programs, particularly those located in high-poverty urban areas. The problem is that even the most well developed and well executed school-based parent interventions frequently have low rates of participation and high rates of dropout.

Furthermore, the parents who do participate are typically a biased sample in that they are usually more committed to their children's education. The parents who need the interventions the most are the parents who don't show up. Given that parent interventions are by nature a voluntary activity, a significant concern is how to increase the rates of participation and decrease dropout for the most needy parents. This is a concern for a wide variety of parent involvement programs including those that target school governance, general parent education efforts, family literacy, and parent volunteer opportunities.

From a public health field trial perspective, the problems of non-participants and sample loss due to dropout are serious methodological flaws. To truly test the impact of a primary prevention program the involvement of the majority of parents is required, and information about non-participants is critical for understanding the long-term impact of the intervention. For classroom-based strategies, this is not as serious a concern because children typically have to be in school. But for parent interventions that are voluntary it is a major problem. The public health epidemiologic perspective demands that every effort be made to maximize participation rates and avoid dropout from the trial; and where non-participation and dropout occur, to obtain information regarding these individuals to understand sample bias. The goal is to keep the interventions voluntary, but to remove any barrier to participation. This may lead to difficult decisions regarding how extensive these efforts to improve participation should be, particularly if they divert attention and resources from the actual intervention.

Because of the importance of understanding the impact of participation and dropout rates, we added a component to the research design of the PRC field trials to study this problem directly — to identify the barriers to participation, to specify the nature of the bias in the sample due to nonparticipation, to identify the reasons for dropout, and to assess the effectiveness of strategies designed to increase participation. This essentially led to a study within the main evaluation study of the interventions. The goal of this study was to improve our understanding of these issues and to offer a range of strategies to improve participation rates.

## Stages of Research

Negotiations for the study with the Baltimore City Public Schools administration over a six-month period resulted in a three-stage research plan. The first stage was to get parent input regarding the interventions and how the trial was to be implemented. Focus groups at

four representative elementary schools were conducted to assess parent reactions to the two family interventions under consideration, "Books and Breakfast" and "Family Discipline." Parents were also asked to identify some of the barriers to participation in such interventions and to help think of ways that participation could be improved. A total of twelve focus groups were conducted, three in each of the four elementary schools. These focus groups were followed up by brief telephone interviews with parents who had been identified for the focus groups but who had been unable to attend. A total of 126 parents participated. Major changes were made to the discipline intervention in light of parent reactions. A number of the video vignettes were modified to be more relevant to ethnic groups to be involved in the interventions.

Once parents learned about the intervention strategies and sampled some of the actual activities, they responded to a series of questions about factors that would limit participation of parents in their community and how some of these factors might be overcome to increase parent participation. In general, the responses from the four schools were consistent. Their open-ended responses were rank ordered by frequency. The highest ranking barriers to participation were:

- No one to care for my children (26%)
- No time/Have other responsibilities (24%)
- Don't think program will make a difference (19%)
- Feel uncomfortable in a school/Distrust (13%)
- Embarrassed by lack of skills (12%)
- Transportation problems (9%)
- Unsure of quality of the program (7%)
- Dealing with personal problems (7%)

Many of the above factors could be addressed if the intervention strategy included provision of quality child care and transportation. Others would involve creating a more welcoming and less threatening environment in the school. These are more difficult to address and might require better outreach and staff sensitive to the needs of the parents within that community. Lack of belief in the quality of the program and its efficacy also would require substantial outreach and better information about the program and its effectiveness. Parents need better information in order to perceive that the program could make a difference for them and for their children. Finally, concerns about available time, personal problems, and embarrassment over lack of skills prove most problematic. In our focus groups, parents noted that no intervention was likely to achieve the response rates targeted (over 75%). They stated that not all parents need this intervention, and many parents have too much stress in their lives

and lack the social supports to get them to commit to eight weeks of any intervention. It was suggested that the best strategy would be to offer many options for parents to pick and choose, and to offer some parents interventions that take place in the home.

Some of these suggestions were difficult for the intervention team to accept, given that they had limited resources and a commitment to a limited set of research goals. Discussion also was directed at what strategies would optimize participation in the proposed interventions. Strategies suggested by the intervention team included:

- •Create a non-threatening environment — use community staff.
- •Provide transportation for those parents who need it.
- •Provide multiple times for the sessions.
- •Provide quality child care during meetings.
- •Provide incentives for attendance (raffles, meals).
- •Involve children and teachers in academic programs.
- •Give program lots of publicity through many different forums.
- •Help parents see immediate application of strategies and how they can make a difference in the classroom or home.
- •Give parents strategies and materials to work on at home.
- •Use voice mail options for reminders and to hear parent concerns.

During the discussion of strategies, many parents related negative experiences with parent programs that did not meet their expectations. But there was significant resistance to interven ons that would devote too much time and energy to promoting engagement and increasing participation rates. Many felt that such strategies were not realistic, cost too much money, and diverted energy and resources from parents who take the initiative to show up and attend without the additional support. In fact, the parents who attended the focus groups and those who responded over the phone are most likely the parents who would respond without any extraordinary incentives. Many parents felt that if targeted parents can't sacrifice a little for a "good" program, they don't deserve it in the first place. Many of these comments were not expected by the intervention team — thus the focus groups were extremely valuable to the design of the project.

The second stage of research called for a pilot of one component of the interventions planned for the full field trial. This component, called Books and Breakfast, provided parents a chance to learn their child's reading curriculum and to experience different techniques and skills in reading that are modeled by the teacher at each workshop. After the demonstration, the parents and children would re-read the story that they had just heard and then work on

an activity designed to engage the interests of parent and child. Four workshops were provided, each involving activities to support interactive story telling techniques and a variety of emergent reading and writing activities. The objectives of the program were:

- to increase at-home reading for at-risk children;
- to familiarize parents with the educational programs of their children;
- to promote closer home-school interaction;
- to engage teachers in a cooperative relationship with parents; and
- to provide parents with skills to promote their children's early literacy.

The pilot involved the first grade students and parents in four Baltimore City elementary schools. All four schools serve neighborhoods with high rates of poverty. Each of the schools qualified for schoolwide Chapter 1 support, meaning that over seventy-five percent of the students were on free or reduced lunch. The program confronts the assumption that less educated and low income parents do not want to become involved in their child's schooling. As Epstein and Dauber (1991) demonstrate, these parents will become involved if the schools provide specific programs and have teacher practices that encourage and guide parent involvement. Studies have shown that when teachers give parents specific help on how to support school learning at home, it will lead to more parents participating and to children's greater achievement and a more positive attitude towards school (Ames, 1993; Epstein, 1991).

Books and Breakfast was chosen in part because it contained many of the strategies identified by parents in the focus groups about how to improve participation rates. For the pilot study no additional staff, transportation, or child care was provided. However the following characteristics were part of the pilot intervention study:

- Workshops and activities are designed to interest and involve high-risk families.
- Extensive publicity is conducted (banners, flyers, phone calls, home visits, incentives).
- Food is provided and a performance format is used.
- Sessions are interactive rather than lecture.
- Activities are modeled by teachers to enable all families to conduct them.
- Clear evidence exists that the program increases school performance.
- Actions are preventive rather than remedial.
- Flexible scheduling accommodates working parents.
- Take home activities and materials to reinforce skills are self-explanatory.

The first-grade parents in the four schools varied substantially in attendance rates (81%, 70%, 51%, 42%). It appears that one key to participation is to get the parents to show up for the first workshop — once involved, there was consistent attendance at each of the remaining sessions. Post-intervention interviews from forty parents suggested that the workshops were well received, that parents thought they had learned a lot from the program, that they thought their children would benefit from the program, and that they would be interested in attending similar workshops in the future. No non-participants were interviewed. School-based staff were also interviewed regarding the reasons for the varying levels of parents' attendance across the four schools. The analysis of their responses indicated that the schools had varying histories of parent involvement, that the public relations and overall management of the program at two sites were poor, and that schools with the highest attendance had the majority of their families within walking distance and had options for child care.

What was learned from the pilot of Books and Breakfast in the four schools? At two of the sites, participation rates were high and approached the specifications requirements for the major field trial. Factors of transportation and child care, as well as more systematic training and monitoring of the outreach, public relations, and management need to be given greater attention. It was decided a training manual should be developed for the staff involved in the interventions that would detail procedures of outreach, public relations, and maintenance of the interventions over the eight-week period. These factors should be built into the next stage of research because the interventions will be more comprehensive and require longer time commitments from the parents. The pilot also gave the intervention team more credibility with school staff and central office administration who considered the program to be a very positive experience, generating rates of parental involvement that were typically not seen in these schools.

## The Family-Based Intervention Trial

The third stage of research was to implement and evaluate the full family-based field trial in twelve elementary schools in the Baltimore City Public Schools. The family-based intervention took place over eight weeks, providing three-hour sessions each week for parents of first grade students. In addition to the family intervention, a classroom-based intervention was implemented which aimed to improve learning and behavior by enhancing the language arts and mathematics curriculum and training teachers in classroom behavior management techniques.

The interventions were provided during the Fall, with followup activities during the Winter and Spring. The evaluation design included a pre-test in the Fall of first grade and a post-test in the Spring of first grade. The PRC evaluation battery included teacher, parent, and child interviews, and observations of students in the classroom. Grades, standardized achievement scores, and other data from school records were also obtained. The major goal of these assessments was to determine how effective the interventions were in promoting achievement and good behavior and enhancing children's psychological well-being. Some of these indicators from the Fall assessment will be utilized in this study of parents' participation and dropout rates from the workshops to determine sample bias.

The family intervention included two components conducted over an eight-week period — the first was four sessions devoted to the Books and Breakfast program previously described; the second was four sessions devoted to family discipline and behavior management. The basis of the discipline and management workshops was the "Parents and Children Series" developed by Carolyn Webster-Stratton (1992). Each unit builds on the previous unit in a step-wise fashion. A small group format is employed, with no one group larger than 12-15 parents. Over the course of the workshops, parents view up to 100 brief videotape-vignettes of natural situations such as mealtime, siblings playing, and children disobeying. The intent is not to show examples of perfect parenting, but rather to stimulate group discussion and problem solving. A leader guides parental discussion around specific discipline concepts, using the video as a catalyst to have the parents become actively involved in sharing ideas and problem-solving. Group members identify their own mistakes by watching the videotape examples of "doing it right" and "doing it wrong" or "neither right nor wrong." Parents react to and discuss the episodes and problem-solve alternative strategies, leading to the development of strategies for each parent to try at home in similar situations. These are discussed at the next session, and if a particular strategy proved ineffective, the group brainstorms to modify it. Many situations are role-played. Families are also asked to discuss and problem-solve other situations which occur at home.

The leaders are trained to facilitate the groups. The leaders of these four sessions were from the social work and school psychology departments of the Baltimore City Public Schools. Approximately 60% of each session is group discussion and support, 25% is viewing videotape scenes, and 15% is direct instruction by the leader. Each session has a homework assignment and handouts which review the main points of the session. Each parent is encouraged to have a partner or close friend participate in the program. The group members are encouraged to call each other and to get together outside of the group sessions. During and following the workshops, a voice mail system allows parents to leave questions for the workshop leaders. An hour during school time each week is provided for workshop

leaders to take parent calls around discipline issues and provide continued support over the school year.

The Books and Breakfast and family discipline workshops were offered over eight consecutive weeks in the beginning of the school year of 1993. To assess the impact on participation and dropout of additional staff and support strategies, we created two design conditions for the family-based interventions. Low Support and High Support designs were established. For the **Low Support (LS)** condition, the following characteristics were part of the intervention:

- Workshops were offered twice per week to accommodate family schedules.
- Public relations were conducted in the form of flyers, banners, phone calls.
- A meal was provided.
- Incentives were provided, such as a weekly lottery with prizes.

The **High Support (HS)** condition attempted to address most of the barriers to participation that were identified by the focus groups and the pilot study. The High Support condition included all the characteristics of support noted for the Low Support condition, but also included the following components:

- Child care was provided at the school during the workshops.
- Incentives were given to children and classroom teachers for parent attendance.
- Transportation via taxi was provided if requested.
- A part-time community worker was hired to support attendance, make home visits, coordinate on-site activities, and follow up on non-attendees.

Obviously, the provision of these High Support characteristics added substantial cost to the intervention strategy. It was estimated that the interventions at each High Support school cost approximately $2,200 more than at the Low Support schools over the eight-week period.

Twelve elementary schools were involved in the family intervention. Six were designated High Support schools and six were designated Low Support schools. The schools were matched at the school level on the basis of percent free lunch, standardized achievement scores in reading, and racial composition. Schools receiving high levels of Chapter 1 support were not involved in the study due to a district level decision. Therefore, the sample does not reflect the lowest 30% of the elementary schools, whereas the pilot study schools were all schoolwide Chapter 1 sites.

Within each of the schools, two randomly selected first grade sections were chosen to have the family intervention offered to parents. The total student population of the twenty-four class sections was 603. The six High Support schools had 292 students and the six Low Support schools had 311 students. All parents were invited to participate in the intervention under either the Low Support or High Support conditions. Every parent received a letter of invitation, a followup reminder, and a phone call to explain the interventions and answer any questions. In the High Support condition, parents who did not sign up for the intervention received a home visit from the community worker to describe the intervention and address any concerns that parents may have had.

Most of the assessments given to parents and students were designed to measure the impact of the interventions on student outcomes such as achievement and teacher ratings of student behavior in class. The data utilized to evaluate the effects of High Support and Low Support on participation and dropout rates were:

***Teacher Rating of Classroom Adaptation-Revised (TOCA-R).*** TOCA-R (Werthamer-Larsson et al., 1991) is the teacher rating of each student's classroom behavior used in the PRC evaluation. Teachers rate each student on social participation, concentration on problems, and acceptance of authority. This study uses the summary index [4 point scale (L= low) (H=High)] of adaptation from the Fall assessment period.

***California Achievement Test (Reading).*** Reading achievement was assessed by the total reading score (standard score) from the California Achievement Test. Only the reading test was administered to these first graders.

***Home Educational Environment Scale.*** Parents were administered the Home Educational Environment Scale (Dolan, 1983). Participating parents filled out the instrument during the first session. Non-participating parents were administered the instrument over the phone. The scale (Range 35-175) measures educational motivation of the parent for the student's schooling, interaction around school activities, and level of academic guidance and stimulation in the home.

***Parent Interviews.*** Non-participants also received a phone interview to assess reasons for not participating in the program. Dropouts were also followed up via a phone interview regarding their reasons for dropout. During the last meeting, participants who continued with the program were asked what the most significant factors were that permitted them to complete the program as well as what suggestions they had for program improvement.

## Results of the Field Study

The core evaluation of the interventions is ongoing and short-term outcomes have yet to be documented. This study focuses on questions pertaining to participation and dropout. Specifically:

- ***Did the High Support group have higher parent participation rates and lower drop-out rates?***

- ***Did the High Support group have less bias in parent participation as determined by measures of student achievement, teacher ratings, and home educational environment?***

- ***What were the reasons for non-participation? Did they differ for the High Support and Low Support groups?***

- ***What were the reasons for dropout?***

- ***What support factors were most important for participants who completed the program?***

Table 1 presents the data on the rates of participation and dropout across the design conditions. The first basic finding was that the rates of participation were much lower than anticipated by the intervention team. Of the total parents asked to participate, 43% attended at least one session, 36% attended at least four sessions, and 32% attended all eight sessions. Of the initial participants, 67 parents eventually left the program — a 26% dropout rate. The range of initial participation rates varied widely, with the lowest school having a 36% rate and the highest school having a 69% rate. The three best rates of participation were from High Support schools.

Table 1 also presents rates for the High Support and Low Support conditions. The High Support condition had a participation rate of 48% while the Low Support condition had a participation rate of 38%. The rate of dropout for the High Support group was 23%; for the Low Support group it was 29%. Even with all the additional assistance in the High Support group, less than half of the eligible parents attended at least one session. A basic question that emerges from these data is whether the additional resources for child care, transportation, and community outreach were worth an increase of 10% in participation?

Table 1. Rates of Parent Participation and Dropout for Total, High Support, and Low Support Samples

| | Total | (603) | High Support (292) | | Low Support (311) | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Attended 1 Session | 259 | 43% | 140 | 48% | 118 | 38% |
| Attended 4 Sessions | 217 | 36% | 126 | 43% | 90 | 29% |
| Attended 8 Sessions | 192 | 32% | 108 | 37% | 84 | 27% |
| **Dropout N** | **67** | **26%** | **67** | **23%** | **90** | **29%** |

Table 2 presents data on reading achievement, teacher ratings, and home educational environment by design condition and by participation status. One of the major questions of this study was not only how to get more parents to participate, but also how to decrease the bias in the sample. It is often the case that parents who have less need attend and complete the intervention, while the more needy do not show up, attend irregularly, or drop out.

Participants and non-participants were more similar in the High Support condition. Although the difference in overall participation was only a 10% increase, it appears that the 10% was a higher risk sample. For the Low Support samples, the differences between the participants and non-participants were much larger for reading achievement and home educational environment. This suggests that the investment in transportation, personnel, and child care did lead to an intervention sample that was at greater risk, as indicated by achievement scores of the first graders and the home educational environment as rated by the parent. In general, little differences were noted in teaching ratings, except a trend for the participants in both support groups to have children rated higher by teachers. Again, we are examining these variables to investigate the nature of bias in the samples who participate and who eventually drop out of the program. These variables are not program impact measures. All measures were collected prior to or at the beginning of the family intervention.

Table 2 also presents the data on the dropout sample. The dropouts in the High Support and Low Support conditions were similar with regard to the reading achievement and teacher ratings of the first graders and for the ratings of the home educational environment. Dropouts are also similar to participants on these indices within the High Support group. Within the Low Support group, the dropout sample tends to have lower student and family scores on these variables than do the participants. They seem to have been more at risk than the typical participant.

Table 2. Descriptive Statistics for Reading Achievement, Teacher Ratings, and Home Educational Environment by Design and Participation Status

| | | High Support | | | Low Support | | |
|---|---|---|---|---|---|---|---|
| **Design Condition** | | **P** | **NP** | **DO** | **P** | **NP** | **DO** |
| Number of Parents | | 140 | 152 | 33 | 118 | 193 | 34 |
| Reading Achievement | M | 318.6 | 315.4 | 311.7 | 330.1 | 308.6 | 314.7 |
| | SD | 35.4 | 32.6 | 34.4 | 38.7 | 37.7 | 36.9 |
| Teachers Rating | M | 2.00 | 1.85 | 1.96 | 2.21 | 1.95 | 1.90 |
| | SD | 1.37 | 1.06 | 1.14 | 1.03 | 1.03 | 1.10 |
| Home Environment | M | 120.4 | 118.4 | 121.6 | 127.6 | 114.4 | 122.7 |
| | SD | 10.6 | 15.5 | 14.0 | 15.9 | 11.2 | 14.3 |

P=Participant/NP=Non-Participant/DO=Dropout

Table 3 displays the factors that led to parents not participating in the intervention program. It also includes factors that led parents who initially participated to drop out. Parents were asked via a phone interview for their reasons for not becoming involved with the program. The items most highly ranked by the focus groups and pilot samples were asked directly, and parents also were given an opportunity to comment on additional barriers to participation. Some differences did emerge between the High Support and Low Support groups.

Clearly, the High Support provision of child care and transportation was effective. Few or none of the non-participants or dropouts regarded child care or transportation as reasons for non-participation. These barriers to participation were essentially eliminated for the High Support sample. There is also a large difference between the High Support and Low Support groups with regard to no time/other responsibilities being a barrier to participation. This was not a concern for the High Support group, but was a reason given by 40% of the Low Support non-participants.

The most common factors for non-participation were the parents' lack of belief that the program would make a difference (program efficacy), the perceived lack of quality of the program, and personal issues (medical problems, mental health concerns, family problems). Even the community outreach worker, with the home visits to explain the program and answer questions, did not seem to make a difference in getting from 20-27% of parents to believe that the program would be of high quality and make a difference in their lives or the lives of their children.



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**Table 3. Factors that Led to Non-Participation or Dropout by Level of Support**

| Factor | Non-Part. High Support | Non-Part. Low Support | Dropout High Support | Dropout Low Support |
|---|---|---|---|---|
| Child Care | 05% | 22% | 00% | 15% |
| Time/Other/Responsibility | 03% | 40% | 33% | 37% |
| Program Efficacy | 27% | 26% | 10% | 09% |
| Distrust School | 10% | 15% | 05% | 10% |
| Embarrassed/Low Skills | 00% | 10% | 12% | 20% |
| Transportation | 00% | 18% | 00% | 10% |
| Program Quality | 20% | 30% | 15% | 10% |
| Personal Issues | 20% | 30% | 40% | 35% |
| Other | 15% | 18% | 15% | 20% |

Table 3 also displays the factors that lead to dropout from the program. About 23% of the High Support group and 29% of the Low Support group dropped the program sometime after the first session. It doesn't appear that the High Support or Low Support condition made any difference in their reasons for dropout. Again the dropouts were interviewed over the phone and asked to rate whether the eight factors or other reasons were significant in their decision.

Neither child care nor transportation were reasons for dropout of the High Support participants. The major reasons for dropout for both High Support and Low Support participants were time commitments/other responsibilities and personal problems. Some of these conditions were present at program start-up, others may have occurred after program start-up. Again, none of the components of the High Support treatment seemed to make a difference for these factors. Child care and transportation were not major reasons for dropout. The High Support condition was marginally significant and consistent in increasing rates of participation, but not significant for reducing dropout rate.

A number of additional concerns were addressed during the last session by the parents completing the program. They most commonly cited the nonthreatening environment and the immediate application of strategies to help their children as the strengths of the program, but there was a tremendous range of responses to this question. In some schools it was the quality of the outreach worker, in other schools it was the willingness to assist with transportation and child care. The major area noted for improvement was the desire to have more meetings throughout the year. In fact, many parents suggested that rather than feed

them and provide child care and transportation, they would rather have more meetings offered at additional times. In schools with the lowest rates of participation, past histories of low parent involvement and poor communication were noted. More effort may be necessary in these sites to turn around past negative experiences with such programs.

## Conclusion

This study attempted to increase our understanding of the barriers to participation in school-based family interventions and to increase our knowledge of the effectiveness of strategies designed to improve participation. Why do programs that seem to be well developed and attractive to parents go under-subscribed? This is not a problem unique to school-based programs; similar concerns are found in the health education, family literacy, and social service fields. In this study, fewer than one-half the targeted parents attended even the first session of the intervention. This was true even for the High Support group.

Is the glass half empty or half full? This study demonstrated moderate success with the provision of High Support mechanisms, which resulted in an additional 10% participating, a less biased sample, and a slightly reduced dropout rate. The reduction in the sample bias was the most significant contribution of the High Support strategies. The 10% increase was important, permitting a more representative and valid assessment of the impact of the intervention.

Issues concerning the reduction of dropouts are more problematic. In this study, the dropout rate was not affected by the High Support condition, as was initially projected. Dropouts were the result of factors that were not within the control of the support mechanism, i.e., time constraints and personal problems that interfered with program completion.

Another finding worth noting is the large percentage of non-participants who stated their lack of belief that the program would make a difference as the main reason for not attending. Somehow the negative baggage that is associated with these programs needs to be addressed. We need to provide information meaningful to parents regarding program impact. One mechanism we thought would help is to have a community worker handle the communication about the program rather than members of the intervention team. Having parents who have been in the program and can talk about the changes it had in their lives or the lives of their children would also be valuable.

A main policy question is whether the additional cost of High Support is worth the investment of resources that could be directed elsewhere. Public health researchers interested in long-term impact on representative samples would say absolutely yes. Others who would like the resources targeted to more intervention activities that might produce larger effects on participants would be more cautious in their evaluation. This study suggests that not all schools need the same types of support, and perhaps savings and improved rates of participation might occur if assessment of the perceived barriers were completed on a school by school level.

Another perspective on the findings of this study is that reaching close to one-half the target sample is a great success compared to previous efforts. This is true even if the subscribed sample is biased and less in need of the intervention. Rather than divert limited resources toward reducing the barriers to participation in school-based programs, should we target those resources into different types of interventions? An alternative strategy would be to try other settings, including home visits, to deliver the intervention strategies. Obvious cost factors must enter into these decisions. This would clearly be a way of reaching the hard to reach. As a next stage of research, perhaps an array of options that fit many different profiles of need could be evaluated.

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